



## WSRC APPLICATION FOR PAYMENT

**IMPORTANT:** This application is to be completed in accordance with the instructions included on the reverse side of this form.

1. To: Name and Address of Finance Office  <div style="text-align: center;"> <b>WSRC Accounts Payable</b>  <b>P.O. Box 6809</b>  <b>Aiken, S.C. 29804-6809</b> </div>		2. From: Name and Address of Subcontractor (include Zip code)  <hr/> 3. Subcontractor's Authorized Representative (include Title, and Phone no.)	
4. Invoice No.	6. Invoice Period a. From                      -                      b. To	7. Invoice Amount (\$ this Invoice)	
5. Invoice Date		8. Total Amount Invoiced to Date (including this invoice)	

### SECTION I - IDENTIFICATION OF SUBCONTRACT

9. WSRC Subcontract No.	10. Period of Performance
11. <b>Type of Subcontract (check one)</b> <input type="checkbox"/> CPFF (Term) <input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> T&M <input type="checkbox"/> CPFF (Completion) <input type="checkbox"/> Fixed Unit Price <input type="checkbox"/> Other <input type="checkbox"/> CPNF <input type="checkbox"/> Labor Hour	12. <b>Type Payment (check one)</b> <input type="checkbox"/> Provisional <input type="checkbox"/> Final <input type="checkbox"/> Complete <input type="checkbox"/> Progress <input type="checkbox"/> Partial <input type="checkbox"/> Advance
13. WSRC Procurement Representative (Name, Location, Phone)	14. Subcontract Technical Representative (Name, Location, Phone)

### SECTION II - STATEMENT OF SUBCONTRACT FUNDING THROUGH \_\_\_\_\_ (date)

15. <b>Subcontract Funding Status:</b> a. Initial Subcontract Funding Amount _____ b. Approved Change Notices (CNs) _____ c. Total Subcontract Funding Amount (a+b) _____ d. Total Amount Invoiced (including this invoice) _____ e. Subcontract Funding Balance (c-d) _____	16. <b>Deliverables:</b> (Show number of hours, units, or items required per contract) a. Number of Deliverables in Subcontract _____ & Approved C/N's b. Number of Deliverables Previously Invoiced _____ c. Number of Deliverables Invoiced This Invoice _____ d. Number of Deliverables Remaining a-(b+c) _____
17. <b>Subcontract Accrual Information:</b> a. Total Amount Invoiced to Date (from Line 15d) _____ b. Amount Incurred but not Invoiced _____ c. Estimated Amount to be Accrued by Time of Next Invoice _____ d. Total Estimated WSRC Funding Liability (a+b+c) _____	18. <b>Subcontract Status (%)</b> a. Estimated Percentage of Technical Completion to Date _____ % b. Percentage of Authorized Subcontract Costs Spent (incl incurred) to Date _____ % c. % Difference (a-b) _____ %

### SUBCONTRACTOR CERTIFICATION

I certify 1) All information contained in this application for payment including the invoice and supporting documentation is properly supported by data maintained in accordance with the rules governing the cost accounting system which applies to this subcontract.  
 2) All subtier subcontracts have been approved by WSRC as required by the subcontract.  
 3) There are no encumbrances against property acquired and produced for or charged to this subcontract.

19. Name and Title of Subcontractor's Authorized Representative	20. Signature/Date
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### STR REVIEW

☐ This application for payment/invoice has been reviewed and the labor hours, labor mix, material (if any), travel, and other direct costs identified therein appear consistent and reasonable for the work effort performed during the invoice period.  
☐ This application for payment/invoice has been reviewed and is acceptable except as noted.

21. Name of STR	22. Signature/Date
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### PROCUREMENT REVIEW

☐ This application for payment/invoice has been reviewed and is authorized for payment.  
☐ This application for payment/invoice has been reviewed and is authorized for payment except for those items noted.

23. Name of Procurement Representative Authorizing Payment	24. Signature/Date
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